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Ophthalmic Literature

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Ophthalmic Literature

VOL. V. SEPTEMBER, 1915. NO. 9.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

RECOGNITION OF FITNESS FOR OPHTHALMIC PRACTICE.

Among the twelve hundred or more members of the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association and the American Academy of Ophthalmology and Oto-Laryngology there are probably very few who are not well fitted for ophthalmic practice, according to the best practical standards of our time. Outside of the membership of these organizations are others equally well fitted for it.

Yet because there are three of these organizations independent of each other, and neither one devoted primarily to guaranteeing the educational qualifications of its members; because some members may have gotten into them without a complete training in ophthalmic science; because admission has been without formal examination, and because there are persons outside of them also well fitted for such practice, membership in them is not recognized by the medical profession or the community as direct evidence of such fitness. Membership in a special society is only taken as collateral or presumptive evidence pointing in that direction. It is generally thought of not enough importance to make it worth while to inquire about any claimant to special knowledge and skill in this branch of medicine, whether he has even such presumptive evidence of fitness for the work.

The failure of the community and of the general medical profession to recognize his years of preparation as a basis for ophthalmic practice has been a disappointment to every specialist who has given the proper time and effort to the preparation for his professional work. Though in a general way worth and ability ultimately come to be recognized, there are many annoying instances in which they are ignored. Even inside the medical profession the "six-weeks specialist," or the man who confidently gives bad advice about a complicated eye injury, or an obscure ocular inflammation, on the strength of his undergraduate training, is often a cause for annoyance and disgust. And who is there who has fitted himself for ophthalmic practice who does not every week receive new evidence of the confusion in the community with regard to his status as compared with the optician, the "optometrist" or the traveling faker? Again, annoyance and disgust arise when one encounters the supposedly decent doctor of medicine who goes to the optometrist for advice about his eyes for the sake of a big "discount" or to get his glasses free.

So keenly have the surgeons felt the disgrace that incompetents and pretenders were bringing upon their calling that they have organized the American College of Surgeons. Each has paid in $25, and promised as much more, or has subscribed an even larger amount, has bought a cap and gown to wear, and many have traveled hundreds

of miles to participate in "convocations," and all in the hope that some day examinations will be established that will give evidence to the world that the F.A.C.S. is a guarantee of competence in general surgery or some related line of professional work.

In this rush to organize the American College of Surgeons many ophthalmologists have joined. But who would accept its fellowship as even presumptive evidence of fitness to practice ophthalmology. Among the fellows and officers of the College are those who admit and proclaim that they "know nothing about the eye." The surgeons who are ready to do any operation known to surgery, "even the operation for cataract," grow fewer and fewer year by year. There is great need on the part of the general medical profession and the community for some means of recognizing fitness for ophthalmic practice, and there is a strong desire on the part of those who have acquired such fitness that it may be recognized. The educational and professional institutions hitherto existing make no general provision for it. Is it not a worthy aim to provide a practical way of meeting this need and this desire?

RECOGNITION BY EXAMINATIONS EASY TO SECURE.

The American College of Surgeons was founded to offer tests that would demonstrate fitness to practice major surgery. It has gathered a list of names running into the thousands, and has held "convocations" from the Atlantic to the Pacific. Yet, after two years, aside from sifting the claims of applicants and secret investigations of those claims, the real tests of fitness are still to be worked out to a practical application.

In order to institute examinations in surgery it was necessary first to create an organization that would sustain them and give them significance. There was no American organization of surgeons sufficiently strong, and representative enough to do it.

The American ophthalmologists are more fortunate. They have three strong representative organizations, the smallest of which is double the size of the American Surgical Association. And these organizations are dominated by such similar ideals, and have so many members that belong to two or to all three of them that it has been comparatively easy to unite them in the enterprise of establishing a standard of proper fitness for ophthalmic practice.

Then, too, they are fortunate in the fact that ophthalmology is a more definite especial branch of medical science and art than is surgery. Especially is this true when the attempt is made to include under surgery all the "surgical specialties" and obstetrics. The absurdity of giving one title or one certificate as evidence of fitness to practice both ophthalmology and obstetrics will have to be eliminated before the examination of the College of Surgeons will appeal strongly to the practical sense of the American profession or the American public.

With ophthalmology it is quite different. The scope of ophthalmic practice is definite and fairly understood by the people. Though

often combined with oto-laryngology, it still is in the hands of a distinct class of practitioners clearly differentiated from the mass of physicians or general surgeons. Already even the public is inclined to distinguish between the "eye doctor" and other kinds of "doctors," although it is very hazy as to the relative functions of the oculist and the optician. There can be no question but that examinations conducted under the supervision and control of a board jointly constituted by the three representative organizations of American ophthalmologists will at once be accepted by the general profession and the public as a practical, reliable test of fitness to enter ophthalmic practice.

THE SUPPORT OF SUCH EXAMINATIONS.

The plan proposed provides for the financial support of such examinations by the fees of those who desire to take them. From the readiness shown to pay out good money for the right to attach the letters F. A. C. S. to one's name it seems clear that the necessary financial support will be forthcoming. But equally needed is the moral support and assistance of those who are most interested in having real fitness for ophthalmic practice properly recognized—those who have already properly fitted themselves for it. The ophthalmologists who have felt the need for examinations as to fitness for ophthalmic practice, and their value to the public, can do a great deal to establish them upon a firm basis.

Every ophthalmologist can familiarize himself with these examinations, their object and the need there is for them. He can urge on the attention of others the extremely unsatisfactory results of conditions in which no one could judge the claims of a specialist, except by witnessing or experiencing his skill or lack of skill. He can point out the tendency to discourage thorough preparation for ophthalmic practice, when no one will have any way of knowing whether that preparation has been made; until years shall have sifted the false claims and drawn the line between thoroughness and plausibility.

Each well-prepared ophthalmologist can point out to each aspirant for success in this field that the course prescribed as leading to it, and the examination established as just and practical, by those who best know the demands of such professional work, is the wise way to prepare and enter upon the struggle for honest ethical success in his profession.

But he can do most for establishing the significance and value of such a test of professional fitness, if he will himself take the examination. He will thus prove himself worthy of the place he claims as a special adviser, and he will ally himself with the new regimé. Most of the members of the three bodies that establish the Board could readily meet the test. If some needed to supplement the imperfect training of the past, in order to do so the necessary study would be of the highest value to them. Insofar as those already successful in

ophthalmic practice embrace this opportunity will the influence of the new institution be promptly felt, and salutary.

BOOK NOTICES.

Boletin de la Sociedad de Oftalmologia de Buenos Aires, Volume 2, 8vo. 160 pages. Illustrated. Published by the Society, Dr. Publio B. Ferro, Secretary, Buenos Aires.

This volume is published by the Ophthalmological Society of Buenos Aires. It contains the laws and rules of the Society, a list of the members, numbering thirty-one, the officers, and eight papers from its scientific proceedings. It is published on heavy paper, and the illustrations are half-tone plates. The most important papers are those of Prof. Lagleyze upon "Hyaline Degeneration of the Conjunctiva and Tarsus"; and of Dr. Argañaraz upon the "Origin of Pigment in Choroidal Sarcoma." The latter occupies one-half the volume, includes notes of thirty cases and is illustrated by eighteen half-tone plates. In clearness of illustrations and general excellence of printing, this volume compares well with similar volumes produced in the northern hemisphere.

Uhthoff, W. Die Augenveränderungen bei den Erkrankungen des Gehirns. 8vo, 785 pages, 86 figures in the text, and 3 plates. Leipsic: W. Engelmann.

The last two hundred pages of this work, completing the eleventh volume of the Graefe-Saemisch-Hess Handbook, have now been completed. The subject is considered in twenty-nine sections, each devoted to the ocular symptoms of a particular condition or group of brain diseases.

Thus in one section we have the symptoms of cerebral abscess; in another those of cerebellar abscess; in the next the eye symptoms of encephalitis; then those of animal parasites of the central nervous system, and after that the eye symptoms of oxycephaly. In this last section the material is arranged under: the ophthalmoscopic changes, the clinical manifestations of impaired vision, the pathogenesis of such impairment, operative treatment, Roentgen-ray diagnosis and miscellaneous phenomena.

To each section is appended the bibliography belonging to it. Sometimes this occupies more space than the text. For instance, the disturbances of the visual apparatus in congenital absence or partial absence of the brain are discussed in about one page, but the references to papers on the subject and to published cases occupy two and one-half pages.

The work thus becomes a mine of material for future writers. How complete the search of the literature has been may be inferred from the titles referring to eye symptoms in hysteria. These occupy twenty-five pages, including the papers that have appeared from 1839 to 1914.

Hirschberg, J. Italiens Augenaertze, 1800 bis 1850. 8vo, 120 pages, 20 figures in the text, 1 plate. Leipsic: W. Engelmann.

This, which constitutes the fifth part of the fourteenth volume of the Graefe-Saemisch-Hess Handbook, is sent out with the part of the eleventh volume above mentioned. It follows the same plan as the other parts of Hirschberg's "History of Ophthalmology," previously noticed. To an American reader with but scant acquaintance with the ophthalmologists of Italy and their work, it comes as a great extension of his resources for historical study.

This part is inscribed to Giuseppe Albertotti and Giuseppe Cirincione. The frontispiece is a portrait of Antonia Scarpa, whose text-

book on ophthalmology was published in 1801. Among the interesting portraits included in the illustrations are those of Quaglino, Gradenigo, Albertotti, Sperino, who tapped the anterior chamber for glaucoma, and De Vincentiis.

Although purporting to cover only the first half of the nineteenth century, the principal workers of the second half are included. Professor Hirschberg's history nears completion; and for the mass of material collected, and the wide range of literature drawn upon, it is likely to remain long the leading history of ophthalmology.

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Abstracts From Foreign Journals

Maestrini, D. Cataract Occurring Post-mortem or Due to Cold. (Archivio di Ottalmologia, 22nd year, pp. 257 and 267.)

Post-mortem cataract was found to arise spontaneously in young kittens and wolves, and also in the rabbit, lamb, kid, and calf. It was also possible to provoke its occurrence in the dog, hog, and adult cat and badger, in which it does not occur spontaneously. In some other animals (adult hen, new-born dog, and fetuses and adults of the human species) it neither occurs spontaneously nor can be produced artificially. The limits of age for the spontaneous appearance of this cataract vary considerably in the different animals. They are given in the article. The temperature at which the cataract appears and disappears also varies with the age of the individual animal. The central part of the cataract is constantly the first to appear and the last to disappear.

Stargardt. Dark Adaptation of the Eye in Paralysis of the Sympathetic. (Zeitschrift für Augenheilkunde, vol 33, p. 149.)

In a preliminary way the paper describes the results of some hitherto unpublished experiments on rabbits. The optic nerve was divided on one side. A week later the animals were exposed for four hours to bright sunlight, so as completely to bleach the visual purple.

After seven minutes' stay in an absolutely dark room one of the animals was killed instantaneously, and the eyes enucleated in red light. The coloring of the retinas was found equal on both sides. Since Kühne has shown in experiments on rabbits that the visual purple first appeared after five minutes' stay in the dark, Stargardt interprets his observations as indicating that after section of the optic nerve the regeneration of the visual purple begins at the same time as normally. The other two animals were killed after 35 minutes' stay in the dark. The coloring of the retina was again equal on both sides, and it also corresponded to the maximum coloring otherwise observed in the rabbit's eye. According to Kühne this maximum is reached after 30 to 38 minutes' stay in the dark. Thus it appears that after section of the optic nerve the regeneration of the visual purple reaches its maximum in the same time as normally. In other words the regeneration of the visual purple is not influenced by section of the optic nerve. Comparing his own results with those of several other writers, Stargardt arrives at the conclusion that the formation of the visual purple is not controlled from the brain; and further that if dark adaptation depends on the formation of the visual purple the former cannot be controlled by a center in the geniculate body.

Stargardt has also been able to study the case of a soldier who had been shot in the neck, suffering a complete paralysis of the left cervical sympathetic. There was left ptosis, the left palpebral aper-

ture measuring 6.5 mm. and the right 9 mm. There was left enophthalmus of 1.5 mm., the left tension was 2 mm. lower than the right, and the left pupil measured in diffuse daylight 3 mm. as against the right 5.5 mm. The eyes were in every other respect quite normal. Thus if any disturbance of dark adaptation were found, it could only be regarded as being due to the paralysis of the sympathetic. Tests with the Nagel adaptometer showed the left eye to be very slightly less sensitive than the right, but this was amply accounted for by the marked difference in area of the two pupils, which was shown by a flash-light photograph to persist after 45 minutes' stay in the dark. The skin area involved in the paralysis showed a complete absence of sweat secretion, which should have been accompanied by a marked disturbance of dark adaptation if the latter depended on the sympathetic.

Stargardt therefore argues that the information so far available indicates that, both as regards the regeneration of the visual purple and in the matter of dark adaptation, we have to do with processes which do not in any way depend upon nerves or nerve centers, but are carried on automatically in the eye itself.

Thomsen, C. The Inheritance of Microphthalmus with and Without Cataract. (Klinische Monatsblätter für Augenheilkunde, vol. 54, p. 236.)

The family with which the paper is more immediately concerned was that of a fisherman, who stated that his grandfather's sister had been born blind, that his father had strikingly small eyes, that a surviving brother had cataract in both eyes and his children were very shortsighted, and that his sister's visual acuity was very much reduced. The man's own eyes, which were of normal size, both showed lamellar cataract. No ocular anomalies had been noted in his wife or her forebears. Of his children the oldest, ten-year-old daughter had perfectly normal eyes; the second, eight-year-old daughter had strikingly small eyes and bilateral lamellar cataract; the older, four-year old son showed the same picture; the two-year-old brother had bilateral lamellar cataract, but eyes of normal size; and the youngest sister, seven months old, had microphthalmus and lamellar cataracts. All of the children whose eyes were anomalous had a slight degree of nystagmus. The parents were blood relations, their parents having been brother and sister. The results of this inbreeding had also manifested themselves in insanity of the mothers of both the parents; and in feeble-mindedness of a half-sister of the wife.

Di Marzio, Q. Sclerocorneal Trephining. (La Clinica Oculistica, 15th year, pp. 129 and 212.

Referring to the usual statement that a section made a little outside the limbus in the superior quadrant will be in correspondence with the anterior chamber, and will injure neither the iris nor the ciliary body, Di Marzio points out that the figures furnished by Rochon-Duvigneaud and others on this subject were based upon the measurement of normal eyes. A series of anatomic studies which he has made upon glaucomatous eyes shows these relationships to be profoundly changed. In the first place there is often an apparent displacement of the limbus towards the cornea, in relation with the chemosis which occurs particularly in acute glaucoma. In the second place, the periphery of the iris is quite often adherent to the posterior surface of the cornea. Finally, the author found in 28 glaucomatous eyeballs a displacement forward, from one to two millimeters in extent, of the anterior portion of the ciliary body and of the lens system in the presence of swelling of the ciliary processes. In consequence of this, a perforation located at a point which for the normal

eye would be harmless because it would fall within the anterior chamber, becomes dangerous in the glaucomatous eye because it no longer corresponds with the angle of the anterior chamber, but with the base of the iris and the tip of the ciliary processes. Moreover, when the iris is adherent to the periphery of the cornea, it is atrophic, and may easily be perforated during the cutting of the corneo-scleral disc, the trephine thus passing at once into the posterior chamber. For this reason Di Marzio regards a stop trephine as absolutely necessary . He also disagrees from Elliot in preferring a trephine diameter of 2.5 to 3 mm., since a narrow opening makes it much more difficult to introduce iris forceps. He does an ample iridectomy, not only when the iris plugs the trephine hole during the operation, but also when this does not occur; since his observations have shown that incarceration of the iris always develops at some later time, and is then no less harmful than when the complication occurs at the moment of operation.

The cases described are divided into two series, first a group of twelve cases operated upon according to the technique first advised by Elliot, and second a further group of thirty cases operated upon according to the modifications later recommended by Elliot. The paper is illustrated by twenty-four cuts, including ten good reproductions of microphotographs. The first series consisted chiefly of eyes whose vision had been totally lost and on which operation was done merely to lower the tension and control pain. The tension in no instance fell below 26 mm. of mercury, and renewal of the attacks was frequent. Di Marzio regards injury of the ciliary body as unavoidable in the greater part of the cases operated upon by this method; and injury to the lens, with subsequent formation of cataract, often occurs in those cases in which the trephine used has no stop. For these reasons he considered it advisable in subsequent operations to adopt the following details of technique: (1) To dissect up a conjunctivo-corneal flap such as exposed a corneal zone of 2 mm.; (2) to trephine in the transparent tissue thus exposed (peripheral lamellae of the cornea), so as to be sure of sparing the ciliary body; (3) to use a trephine with a stop at 1 mm., and (4) to do an ample iridectomy in every case.

The complications encountered in the second series of cases were: (1) In two cases of hemorrhagic glaucoma, hemorrhage into the anterior chamber; (2) in one case of chronic simple glaucoma, mild iritis cured without posterior synechiae; (3) in three cases the formation on the anterior surface of the iris of a non-transparent connective tissue. Incarceration of the iris and of the ciliary body was encountered in all the eyeballs examined which had been operated upon by the first method, but not in the eyeballs operated upon by the modified method.

In four cases a second operation was rendered necessary by a fresh attack of glaucoma. In one the further operation was a broad iridectomy done alongside the trephine site. In the other three a second trephining was done, with iridectomy. In all four the result of the second operation was favorable. In four cases trephining was done exactly at the site of a previous iridectomy which had produced no result, although well executed, and in this instance the trephining gave very favorable results.

Microscopic study indicated that the transparency noted clinically at the center of some scars has no importance as regards the filtering power of the cicatrix. At the most transparent part of the scar there was present a very dense lamellar tissue. Micropscopic study also contradicts the common impression that a transparent scar signifies edematous tissue.

Elschnig, A. Intraocular Reposition of the Iris. (Klinische Monatsblätter für Augenheilkunde, v. 54, p. 186.)

After simple extraction of soft cataract with the lance knife, especially when the operation is consecutive to a preliminary discission or is done for traumatic cataract, so that the iris was more or less injured and hard to replace, it occasionally happens that after reestablishment of the anterior chamber the iris in the vicinity of the extraction wound is covered by delicate cataractous remains or by fibrin, or that a fine strand of capsule is drawn over the pupillary margin to the corneal wound. The last-named accident also occurs very rarely after discission of after-cataract. In any case the result may be a slowly progressive narrowing of the affected part of the iris, so that after the lapse of three or four weeks the pupil is drawn up to the corneal wound.

This shrinking of the iris may easily be overcome by the following operation: Suppose the iris is drawn upwards. The smallest of the three Knapp knives is carried from the lateral limbus (entering subconjunctivally) into the anterior chamber, parallel to the iris surface, the edge facing towards the lower angle of the anterior chamber. The tissue which covers the anterior surface of the iris, or the tissue which adheres to the iris, or the incarcerated capsule, or the scar tissue including the superficial layers of the iris stroma, as the case may render necessary, is caught up and divided with the point of the knife. The result of the procedure is usually surprising, and it is permanent. Elschnig has employed it five times in the course of three years. In four instances the pupil became and remained perfectly central and round, and in the fifth case it remained slightly drawn up. The operation was done at the earliest twelve days, and at the latest five weeks, after the operation which led to the displacement of the iris (three times linear extraction, twice discission).

Speciale-Cirincione. The Bacterial Flora of the Conjunctiva and Nose After Dacryorhinostomy. (La Clinica Oculistica, 15th year, p. 170.)

The bacterial flora of the conjunctiva and nose was studied in 13 cases before and after the operation of dacryorhinostomy was performed. Three other cases were studied with a view to determining whether after the operation of dacryorhinostomy germs different from those usually found in the nasal and conjunctival cavities could invade the conjunctiva from the nose. The following conclusions were arrived at: (1) The microbic content of the conjunctiva, after dacryorhinostomy, differs from that of the nasal cavity. (2) The passage of germs from the nasal cavity into the conjunctiva through the canaliculi does not occur, even when the germs are endowed with special mobility or are placed in the best conditions for migrating towards the conjunctiva (tamponing of the nasal cavity). (3) The most opportune conditions for operation on the eyeball are found after a month from dacryorhinostomy, lavage of the conjunctiva and irrigation of the canaliculi being then sufficient to guarantee against infection of the bulbar wound.

Lo Cascio G. As to the Presence of a Tyrosinase in the Choroid. (La Clinica Oculistica, 15th year, p. 209.)

From chemical and bio-chemical researches conducted upon choroids from the eyes of cattle, the author feels justified in stating that the choroid contains a ferment which, by its power of blackening tyrosin, pyrocatechin, and adrenalin, resembles the oxidising ferments of the type of the tyrosinases. This renders still more probable the origin of natural melanins from the fissure products of the albuminoid bodies of the cellular protoplasm, by the action of ferments of the type of the tyrosinases.

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